



# Refund Request Form

## City of Beavercreek

789 Orchard Lane

Beavercreek, Ohio 45434

Phone: (937)427-5514 • Fax: (937)431-5023

parks@beavercreekohio.gov

To request a refund for a Recreation Program, Senior Center Program, or Park Facility, complete Sect. 1-4 below.

### SECTION 1: General Information

Date \_\_\_\_\_

Main (Payer) Contact \_\_\_\_\_

Program Participant (If Different From Above) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### SECTION 2: Program/Rental Information

Program Name \_\_\_\_\_

Park/Facility \_\_\_\_\_

Invoice Number \_\_\_\_\_

### SECTION 3: Reason for Refund Request

☐ Medical (Attach Doctor's Note If Applicable)

☐ Relocation Out of Area

☐ Other (Explain) \_\_\_\_\_

### SECTION 4: Method of Payment for Program or Rental

Program or Rental Fee(s) Paid \$ \_\_\_\_\_ Date Fee(s) Paid \_\_\_\_\_

☐ Cash

☐ Check

☐ Credit Card

☐ Other \_\_\_\_\_

### FOR OFFICE USE ONLY

### SECTION 5: Refund Amount

Program/Rental Fee(s) \$ \_\_\_\_\_

Less: Administrative Fee \$ \_\_\_\_\_

Less: Non-Refundable Fee(s) \$ \_\_\_\_\_

BALANCE TO BE REFUNDED \$ \_\_\_\_\_

### SECTION 6: Staff Review/Approval (Initial)

Customer Service Representative \_\_\_\_\_

Recreation Coordinator \_\_\_\_\_

Program Supervisor \_\_\_\_\_

### SECTION 7: Refund Processing

Date Processed \_\_\_\_\_ By \_\_\_\_\_ Refund Type ☐ Check ☐ Credit Card ☐ Account Credit

☐ No refund approved: \_\_\_\_\_ Customer notified date: \_\_\_\_\_